

MISSOURI DEPARTMENT OF CORRECTIONS

INITIAL CLASSIFICATION MANUAL

(ICA)

REVISION EFFECTIVE
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PREFACE

This is the third revision of the Classification Users' Manual since its inception in January 1983. As originally designed, the Manual was intended to be a dynamic instrument reflective of this agency's classification needs as they evolve. Recent changes in offender population trends, departmental needs and philosophical classification changes have mandated this current procedural revision.

As in the past, it is the responsibility of the user to derive the most benefit from this Manual through the conscientious application of the classification principles contained within it. As corrections' science and the needs of this Department continue to evolve, this Manual will adapt to that evolution and continue in pursuit of the intent to provide you with an equitable and pragmatic classification tool.

GOALS & OBJECTIVES

The goal of this Manual is to provide an objective, uniformed assessment of all offenders to ensure appropriate supervision and consistent treatment. This end is guided by four objectives:

- The classification system must provide for the fair and just assignment of offenders by using standardized, unbiased instruments of classification similarly applied throughout the Department.
- The classification system must identify individual client assets and liabilities to effect a diagnosis for treatment and prognosis for institutional and community adjustment.
- The classification system must assist in the management of offenders by ensuring the timely assignment of offenders to the least restrictive confinement that is compatible with public and institutional safety.

- The classification system, through the timely, progressive reclassification of offenders must optimize the utilization of current facilities and programs and project future facility and program needs based upon aggregate offender assessments.

USE OF THE MANUAL

The Users' Manual will serve as a reference tool to classification users to assist in the following:

- Understanding the goals and objectives of classification;
- Informational base for classifying and assigning offenders;
- Understanding classification on a state-wide basis; and,
- Using the classification process to the advantage of the Department, offenders under the custody of the Department and the public.

CTA is responsible for annual review of the classification instrument. Staff will be kept informed of all policy and procedure changes wherein a uniformed interpretation and adherence will be maintained. Only Diagnostic Center Authorized Manual Users will be allowed to complete and sign ICA's. Furthermore, it is expected that Manual application is a requirement/component for Performance Expectations for staff required to use the classification system.

The Diagnostic Center Authorized Manual User is responsible for completing the Initial Classification Summary Sheet. Authority and responsibility for determining the individual component scores of the ICA is as follows:

(M) MEDICAL NEEDS SCORE: Medical Department

(MH) MENTAL HEALTH NEEDS SCORE: Mental Health Services

(P) PUBLIC RISK NEEDS SCORE: Diagnostic Center Authorized Manual User

(I) INSTITUTIONAL RISK NEEDS SCORE: Diagnostic Center Authorized Manual User

(E) EDUCATIONAL NEEDS SCORE: Education Department

(V) VOCATIONAL SCORE: Education Department

The Central Transfer Authority (CTA) is to be used as a reference in the event issues or questions arise regarding classification. CTA will act as the Department's authority on external classification.

INITIAL CLASSIFICATION ANALYSIS (ICA)

Initial Classification Analysis (ICA) provides the Department with a means of scaling those considerations determined to be of major importance in the identification of the new commitment's institutional assignment. The results of the assessments performed are recorded on the ICA in the form of scores. The scores, in turn, indicate the Department's areas of concern and provide the parameters upon which an institutional assignment is made.

SCORING OVERVIEW

The ICA is comprised of various factors considered important in determining the appropriate institutional assignment of the offender. Life, health, safety and security concerns preempt all others in identifying that institution most ideally suited for the care and custody of the offender. Consequently, the components of the ICA are listed in order of priority. Thus, the first consideration to be made in determining an institutional assignment is that of the offender's medical needs. Consideration of the offender's mental health needs, etc follow this. The factor, among the first four, where the highest score is indicated represents the highest level of concern in assigning the offender to an institution and is the primary factor determining institutional assignment. Where more than one institution has the resources available to address the primary factor, Authorized Manual Users then proceed to match the remaining factors with institutional resources in order to serve the needs of the offender. The primary

factor will eliminate several institutions from consideration. The next highest concern then becomes the primary consideration and will further eliminate institutions from consideration until a best match is identified.

Initial classification shall include, but not be limited to, assessment in the following areas:

MEDICAL NEEDS (M): Based on medical services section scored assessment.

MENTAL HEALTH NEEDS (MH): Based on Mental Health Services evaluation.

PUBLIC RISK NEEDS (P): Based on file review, offender interview and other pertinent data.

INSTITUTIONAL RISK NEEDS (I): Based on file review, offender interview and other pertinent data.

EDUCATIONAL NEEDS (E): Based on offender interview and educational staff evaluation.

VOCATIONAL NEEDS (V): Based on offender interview and vocational education staff assessment.

Each of the factors on the ICA are to be scored on a range of 1 to 5, with a score of 5 indicating the greatest need or risk and a score of 1 indicating the least need or risk.

In the following pages, each ICA component will be addressed, defined and explained in the order of priority, in addition to instructions for scoring each component. Immediately following the components' descriptions, the ICA Summary Sheet (which is the first sheet of the actual ICA instrument) will be addressed, defined and explained. Due to the fact some cases require professional judgments regarding custody levels or assignments, which call for administrative overrides, a section of instructions referring to the use of administrative overrides is also included.

ICA – MEDICAL (M) NEEDS			
Name:		Register Number:	Date of Birth:
INSTRUCTIONS: "X" appropriate level and enter M-Score			
M-5 Chronic Care/Skilled Care Needed			
<ul style="list-style-type: none"> ▪ 24 hour Transitional Care Unit (TCU) Assignment - This may be a temporary or permanent assignment. ▪ Schedule II narcotic necessary ▪ Unstable and/or non-compliant with treatment, diabetes, grand mal seizure, coronary artery disease, chronic obstructive pulmonary disease or other chronic problem ▪ Terminal illness 			
M-4 Limited Transitional Care Unit (TCU) Supervision Required			
<ul style="list-style-type: none"> ▪ 24 hour nursing staff availability ▪ 24 hour Transitional Care Unit (TCU) availability ▪ Schedule II narcotics necessary ▪ Grand mal seizure free for less than 1 year ▪ Moderate COPD, CAD, diabetes, asthma or other chronic problem 			
M-3 Clinical Supervision Required			
<ul style="list-style-type: none"> ▪ 24 hour nursing staff availability ▪ No Transitional Care Unit (TCU) but observation is available ▪ Grand mal seizure free for 1 year ▪ Moderate COPD, CAD, diabetes, asthma or other chronic problem for 1 year ▪ Schedule III medications necessary 			
M-2 Routine Sick Call			
<ul style="list-style-type: none"> ▪ 16 hour nursing staff availability ▪ Grand mal seizure free for greater than 1 year ▪ Stable COPD, CAD, diabetes, asthma or other chronic problem for 1 year ▪ On no controlled medications (Exception: medications for treatment of seizure disorder) ▪ No expected date of confinement/delivery date (EDC) within 5 months of arrival to the Missouri Department of Corrections 			
M-1 None			
<ul style="list-style-type: none"> ▪ No treatment needs ▪ No physical ailments or medical difficulties ▪ Not enrolled in a chronic care clinic 			
Restrictions/Special Needs			
(R) Restricted: Physical or transfer restrictions apply. Investigate before transfer. (Please "X" ALL restrictions that apply.)			
AMBULATORY		Unable to walk up or down stairs	Unable to walk more than _____ yards without assistance
		Unable to walk to meals or medical unit	Wheelchair requirements
PERCEPTUAL		Hearing impaired	Visually impaired and requires ambulatory assistance
		High-risk pregnancy; ineligible for CRC	Oxygenator or Continuous Positive Airway Passage (CPAP)
HEALTH RELATED		Dialysis (must be placed @ MCC for males and WERDCC for females)	Unable to participate in physical training
		Respiratory isolation (contact statewide medical director for medical clearance): CRCC, ERDCC, FRDC, JCCC, NECC, SCCC, SECC, TCC, WERDCC, WRDCC	
(U) Unrestricted: No physical or transfer restrictions apply			
			M – SCORE
Comments: (Please note any information that would assist in assignment; i.e., currently receiving treatment from an outside specialist, etc.)			
Signature of Scorer:		Title of Scorer:	Date:

MEDICAL (M) NEEDS

To ensure that the medical needs of all offenders are identified and appropriately treated, all new commitments receive a complete physical examination during the reception and diagnostic period. Health care professionals located at the department's diagnostic centers schedule the new commitment for medical tests, physical examination and a review of the offender's medical history. The results of the medical assessment provide diagnostic center staff with valuable information in determining the most appropriate institutional assignment for the offender. The health care needs of the offender are recorded on the M-Score section of the Initial Classification Analysis (ICA) and are the number one consideration in determination of the offender's institutional assignment.

Each commitment is to be provided an M-Score recorded on the ICA and in accordance with Medical Needs Code Descriptions. An institutional assignment will not be made before completion of an M-Score on the ICA.

➤ **DETERMINATION OF M-SCORE:** The determination of the M-Score is to be accomplished by the health care staff of the appropriate reception center. The assignment of M-Scores will be based upon the results of the physical examination, testing and a review of the offender's medical history. The impression reached by health care staff provides for the determination of the medical care treatment needs of the offender and the assignment of an M-Scores of 1 through 5.

PHYSICAL EXAMINATION: All offenders are to receive a complete physical examination by physicians.

TESTING: Medical tests are to be performed to provide the physician with complete information of the offender's present medical condition.

MEDICAL HISTORY: By interview with the offender, as well as through a review of any hospital records available, the health care staff are to consider the medical history of the offender in performing the medical assessment and determination of the offender's medical needs.

➤ **ASSIGNMENT OF M-SCORE:** As a result of physician impression and test results, the health care staff will identify a M-Score. In a brief report, health care staff are to indicate the current medical status of the offender, treatment indicated and score assigned. A physician's signature is mandatory. Space for comments is provided on the M-Score sheet. The report is to be immediately forwarded to the Diagnostic Center Authorized Manual User for coding of the M-Score on the ICA and for entry in the Diagnostic Center Summary Report.

➤ **JUSTIFICATION:** The Diagnostic Center Authorized Manual User will read the descriptions provided each M-Score and compare each with the treatment indicated by health care staff. The Diagnostic Center Authorized Manual User is to make note of the rationale for the M-Score assigned on the ICA and recommended treatment in accordance with the report prepared by the health care staff. The Diagnostic Center Authorized Manual User will then mark the appropriate M-Score on the ICA.

DIAGNOSTIC CENTER REPORT: Diagnostic Center Authorized Manual Users are to ensure that pertinent information from the health care report is entered in the Diagnostic Center Summary Report under the heading of Medical Needs Assessment.

➤ **ICA ENTRY:** A brief explanation of the M-Score assignment is to be provided; i.e., chronic arthritis.

SOURCE DOCUMENTS: The medical records of the offender are to be maintained in a separate file and are to be treated as confidential.

- **RECOMMENDATION:** Recommendations are to be noted as per physician guidance. A brief description of the recommendation indicated in the report of health care staff is to be entered by Diagnostic Center Authorized Manual Users on the ICA Summary Sheet. A more explicit description is to be provided in the Diagnostic Center Report.
- **RESTRICTED (R) AND UNRESTRICTED (U):** Special restrictions noted in this section deal with ambulatory, perceptual and health related restrictions. They help to ensure that the most appropriate institutional assignment is made. Mark Restricted (R) or Unrestricted (U) below the selected M-Score. If Restricted (R) is marked, the restriction listing must be completed.

ICA – MENTAL HEALTH (MH) NEEDS

Name:	Register Number:	Date of Birth:
INSTRUCTIONS: "X" appropriate level and enter MH-Score		
MH-5 Severe Functional Impairment Due to Mental Health Disorder (To be completed by Qualified Mental Health Professional)		
Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), or , Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution All clinical criteria below must apply: <ul style="list-style-type: none"> ▪ Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder, ▪ Offender is imminently dangerous to self or others as a result of a mental disorder, and, ▪ Offender's mental disorder requires psychotropic medication (although may refuse to take it) 		
MH-4 Serious Functional Impairment Due to a Mental Disorder (To be completed by Qualified Mental Health Professional)		
Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) or , Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting All clinical criteria below must apply: <ul style="list-style-type: none"> ▪ Offender's current mental status shows impairment in reality testing ability due to psychosis, major affective disorder or organic cognitive disorder and/or severe borderline disorder, ▪ Offender is gravely psychologically disabled due to a mental disorder or mental retardation, ▪ Offender is not imminently dangerous to self or others as a result of a mental disorder, and, ▪ Offender's mental disorder requires psychotropic medication (although may refuse to take it) 		
MH-3 Moderate Level of Mental Health Treatment Needs (To be completed by Qualified Mental Health Professional)		
Offender requires regular psychological services and/or psychotropic medication in a general population setting All clinical criteria below must apply: <ul style="list-style-type: none"> ▪ Offender's current mental status does not show any impairment in reality testing ability, ▪ Offender is not imminently dangerous or gravely disabled due to their mental disorder, and, ▪ Offender's mental disorder requires psychotropic medication (although may refuse to take it) 		
MH-2 Mild Level of Mental Health Treatment Needs (To be completed by Qualified Mental Health Professional)		
Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting. Clinical Criteria ("X" all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions <input type="checkbox"/> Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year 		
MH-1 No Current Mental Health Treatment Needs (To be completed by Qualified Mental Health Professional)		
Offender does not require any routine mental health services. Offender is not requesting any mental health treatment. Offender can be maintained in general population setting. Clinical Criteria ("X" all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Offender is not seeking mental health treatment <input type="checkbox"/> Offender's social history does not contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year 		
		MH-SCORE
Signature of Scorer:	Title of Scorer:	Date:

MENTAL HEALTH (MH) NEEDS

To ensure the safety of offenders, minimize the risk of institutional disturbances and effect appropriate mental health treatment for offenders, a mental health assessment is provided to all offenders upon commitment to the department. The ICA Mental Health Needs Assessment will be completed during the offender's initial diagnostic period. The results of such an assessment will be recorded on the ICA and is an essential consideration in the determination of the offender's institutional assignment. Only medical care needs supersede mental health needs in the determination of the institution of assignment. Each MH-Score shall be determined in accordance with the Mental Health Needs Code Description.

➤ **DETERMINATION OF MH SCORES 1 AND 2:** A Qualified Mental Health Professional will make the determination of MH-Scores 1 and 2. These scores will be based on observations, offender/staff interviews, file information and/or testing results.

OBSERVATION: It is the responsibility of the Qualified Mental Health Professional to review file information and to observe the behavior of the offender. Staff observation of the individual offender behavior shall aid in the determination of the score process and should include the following: interpersonal relationships, social functioning and adjustment to incarceration. It is also the responsibility of the Qualified Mental Health Professional to make appropriate referrals if further mental health assessment is needed.

INTERVIEW: Interviews are one of the basic tools a Qualified Mental Health Professional uses to gather information. Through this method, the user can make a judgment regarding case history, responses to questions and

behavior during interviews. This judgment will help identify levels of psychological and social stability.

FILE INFORMATION: Recorded social data concerning the subject's past behavior will give a good informational base for the scorer. Past mental health treatment episodes are usually found in this area of examination.

TESTING: It is recognized that observation and interviews alone may not establish enough information data for a proper MH scoring. A Diagnostic Center Authorized will from time to time find it necessary to consult with a mental health staff member to reevaluate an offender's MH-Score.

The Qualified Mental Health Professional shall provide to the diagnostic center casework staff the offender's mental health score, as well as justification and recommendations.

➤ **DETERMINATION OF MH SCORE 3:** Those offenders whose behavior suggests a moderate degree of psychological disturbance shall be referred to the mental health staff. They will determine the severity of the mental disorder and will refer for a psychiatric evaluation, if necessary. The mental health professional will determine the appropriate MH-Score.

A MH-Score of 3 can only be rated or lowered by a Qualified Mental Health Professional. The Qualified Mental Health Professional will provide casework staff with a signed MH-Score sheet indicating justification. The Diagnostic Center Authorized Manual User will record these scores on the face sheet and maintain the MH-Score sheet in the classification file.

INTERVIEW: Individuals referred to qualified mental health staff will be interviewed to determine the severity of the mental disorder. Staff comments will be considered and staff interview may be required for a proper evaluation of the case.

TESTING: Intellectual deficits as indicated by case history, interviews and observations, may require psychological testing by Qualified Mental Health Staff.

TEST INTERPRETATION: The Qualified Mental Health Staff shall perform all test interpretation. All test results and psychological/psychiatric evaluation reports will be maintained in the medical file.

PSYCHIATRIC REFERRAL: If warranted, the qualified mental health professional will schedule a psychiatric evaluation.

➤ **DETERMINATION OF MH SCORES 4 AND 5:** Those offenders whose behavior would indicate a serious or severe mental disorder that requires immediate attention shall be referred to the mental health staff.

INTERVIEW: Individuals referred to the diagnostic center mental health staff will be interviewed to determine the severity of the mental disorder.

Those offenders whose behavior would suggest a moderate degree of psychological disturbance shall be referred to the mental health staff. They will determine the severity of the mental disorder and, if necessary, will refer for a psychiatric evaluation.

TEST INTERPRETATION: The Qualified Mental Health Staff shall perform All test interpretation. All test results and psychological/psychiatric evaluation reports will be maintained in the medical file.

PSYCHIATRIC REFERRAL: If warranted, the qualified mental health professional will schedule a psychiatric evaluation.

➤ **ASSIGNMENT OF MH-SCORES 4 AND 5:** A MH-Score of 4 or 5 will be rated by and can only be lowered by a Qualified Mental Health Professional.

The Qualified Mental Health Professional will provide diagnostic center casework staff with a signed MH-Score Sheet indicating justification and treatment needs. The Diagnostic Center Authorized Manual User will record

these scores on the face sheet and maintain the MH-Score sheet in the classification file.

➤ **JUSTIFICATION & RECOMMENDATION ON ICA SUMMARY SHEET:**

Diagnostic casework staff shall recommend treatment needs in accordance with the Qualified Mental Health Professional's recommendations as contained on the signed MH-Score sheets.

SOURCE DOCUMENTS: Source documents related to the MH-Score are to be maintained as a permanent part of the offender medical file, with summary statements/justifications being placed in the classification file.

ICA - PUBLIC RISK (P) NEEDS

Name:**Register Number:****Date:**

INSTRUCTIONS: "X" appropriate level and enter the P-Score

A. Time To Expected Release

Is the offender serving a dangerous felony as described in Manual Instructions Page 16?

If YES , score as:		If NO , score as:	
	1 – 0 to 12 Months to Serve		1 – 0 to 12 Months to Serve
	2 – 1 to 3 Years to Serve		2 – 1 to 3 Years to Serve
	3 – 3 to 4 Years to Serve		3 – 3 to 5 Years to Serve
	4 – 4 to 5 Years to Serve		4 – 5 to 8 Years to Serve
	5 – 5 + Years to Serve		5 – 8 + Years to Serve
	2 – Long Term Drug Treatment Referral By The Court According to 217.362 RSMo		

B. Detainers, Wants, Warrants, Pending Charges, Active Probation/Parole in Violation Status

	1 – None, Traffic
	2 – Misdemeanor Other Than Traffic
	3 – Class C or D Felony
	4 – Class A or B Felony, Immigration & Naturalization Service (INS) Detainer/Ordered Deported or Excluded, Pending Sex Offense
	5 – Dangerous Felony or Murder 1 st Degree

C. Violence By History (Convictions)

	1 – None
	2 – One Conviction
	3 – Two Convictions
	4 – Three or More Convictions

D. Extent of Violence, Current Offense

	1 – None
	2 – Threat
	3 – Injury
	4 – Death/Vehicular Manslaughter

E. Sex Offense

	1 – Not Applicable
	4 – Current Sex Offense or Referred to the Board for MOSOP Placement

	P – SCORE	
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PUBLIC RISK (P) NEEDS

To ensure that offenders who may present a serious risk to the public are identified and provided appropriate levels of supervision, a public risk assessment is provided for new commitments to the department during the diagnostic period. The results of this assessment are to be recorded on the Initial Classification Analysis (ICA) and are to be a consideration in the determination of the offender's institutional assignment. In the determination of the offender's institutional assignment, only medical and mental health considerations supersede public risk concerns.

Each new commitment, with the exception of ITC referrals, is to be provided a P-Score and recorded on the ICA in accordance with Public Risk Needs Code Descriptions. An institutional assignment will not be made before a P-Score is determined on the ICA.

The P-Score or the I-Score, whichever is greater, determines the offender's custody.

➤ **DETERMINATION OF P-SCORE:** The determination of the P-Score is to be accomplished by the Diagnostic Center Authorized Manual User. The assignment of P-Scores will be primarily based upon the results of a review of all file material and the offender interview. The Diagnostic Center Authorized Manual User will score the components of the P-Score as follows:

➤ **TIME TO EXPECTED RELEASE:** This component of the P-Score shall be scored by determining the length of time remaining to expected release utilizing the conditional release date or, if no conditional release date exists, the maximum release date of the controlling sentence. There are two separate "time to release" scales for this component of the P-Score:

Offenders currently serving sentences for Murder 1st Degree or a dangerous felony defined as:

Abuse of a Child (where death occurs as a result of injuries)

Arson 1st Degree

Assault 1st Degree

Assault 1st Degree Domestic

Assault 1st Degree of a Law Enforcement Officer

Elder Abuse 1st Degree

Kidnapping

Murder 2nd Degree

Rape

Rape, Attempted Forcible

Rape, Forcible

Rape, Statutory (child less than 12 years of age)

Rape, Statutory 1st Degree (child less than 12 years of age)

Robbery 1st Degree

Sodomy

Sodomy, Attempted Forcible

Sodomy, Forcible

Sodomy, Statutory (child less than 12 years of age)

***Sodomy, Statutory 1st Degree (child less than 12 years of age),
will be scored as “YES” in Section A of the Time to Expected Release
component.***

***It is the responsibility of the authorized manual user to review all file
information and/or offender interview to determine whether the offenses:***

Abuse of a Child (where death occurs as a result of injuries)

Rape, Statutory (child less than 12 years of age)

Rape, Statutory 1st Degree (child less than 12 years of age)

Sodomy, Statutory (child less than 12 years of age)

Sodomy, Statutory 1st Degree (child less than 12 years of age)

are dangerous felonies as described above.

Offenders who are not serving a dangerous felony or Murder 1st Degree will be scored as a “NO” in Section A of the Time to Expected Release component.

NOTE: If the offender has a dangerous felony (described above) on the Face Sheet, the offender will be scored as a “YES” in Section A of the Public Risk component. This even applies to an offender that is not required to serve a minimum sentence per statute; i.e., the offender was sentenced prior to enactment of 556.061 RSMo on August 8, 1994, as well as offenders who have received a Conditional Release (CR) Deferred on the dangerous felony indicated on the Face Sheet.

The **ONLY EXCEPTION** to this will be an offender that has completed the dangerous felony sentence shown on the Face Sheet; i.e., discharged, Director’s Release, Reversed & Remanded, is on probationary status for the offense, etc.

OFFENDERS SENTENCED FOR AN OFFENSE IN ANOTHER STATE OR THE FEDERAL BUREAU OF PRISONS: If the offender has been sentenced for an offense in another state or the Federal Bureau of Prisons, the length of the sentence received must be considered in determining the “Time to Expected Release” component of the P-Score. Concurrent sentences are adjusted for the length of the sentence imposed unless an expected release date is known, at which time the release date is utilized. Consecutive sentences are added to the offender’s expected release date. An expected release date will be utilized if known.

For example, an offender has 4 years remaining until release and has a 2-year concurrent sentence in another state. There would be no impact on the

“Time to Release” score as the 2 year sentence is not greater than the 4 years remaining to release.

For example, an offender has 4 years remaining until release and receives a 10-year concurrent sentence from another state. The impact on the “Time to Expected Release” scoring would be as follows: since the 10 year sentence is greater than the 4 years remaining to release, the offender’s P-Score would be P-5 due to the 10 year concurrent sentence from the other state. If a release date is known on the other state’s sentences, that date may be utilized and it would result in using the Missouri sentencing time or the other state’s release date, whichever is greater.

For example, an offender has 4 years remaining until release and the offender receives a 3-year consecutive sentence from the Federal Bureau of Prisons. These 3 years would be added to the 4 years remaining to release, resulting in “7 years to release” when determining the P-Score. As in the paragraph above, if an outdate is known, the time to be served on the consecutive sentence is added to the time to serve in Missouri to determine the Time to Expected Release component.

OFFENDERS ORDERED BY COURT TO PARTICIPATE IN LONG TERM DRUG PROGRAM ACCORDING TO 217.362 RSMo: Any offender ordered by the court to participate in the Long Term Drug Program according to statute 217.362 RSMo will be scored as P-2 regardless of the Time to Expected Release date.

➤ **DETAINERS, WANTS, WARRANTS, PENDING CHARGES OR ACTIVE PROBATION/PAROLE IN VIOLATION STATUS:** This component of the P-Score shall be scored relative to any outstanding misdemeanor or class of felony detainer, want, warrant, pending charge or active probation/parole in violation status.

- **VIOLENCE BY HISTORY (CONVICTIONS):** Determining the number of prior violent convictions scores this section of P-Score component. A violent conviction is defined as Murder, any Assault conviction, any Manslaughter conviction, Kidnapping, Arson 1st, Robbery 1st, Robbery 2nd, any Sex Offense (excluding prostitution and pornography charges) Abuse of a Child (injury occurred), Offering Violence or Armed Criminal Action.
- **EXTENT OF VIOLENCE, CURRENT OFFENSE:** This section of the P component is scored based upon the extent of violence exhibited during the commission of the present offense.
- **SEX OFFENSE:** This section of the P component is scored based upon the offenses in the current sentence structure containing a sex offense as defined by MOSOP mandate or if the offender has been referred to the Board for MOSOP consideration for an offense **NOT** defined as a sex offense. An exception is made if the current sentence status includes a felony sex offense on "probationary" status and the offender is NOT in violation of it.
- **ASSIGNMENT OF P-SCORE:** As a result of Diagnostic Center Authorized Manual User impression from the review of appropriate documents and the offender interview, the Diagnostic Center Authorized Manual User will assign a P-Score. The Diagnostic Center Authorized Manual User shall mark appropriate P factors on the P-Score Worksheet in conjunction with file and interview information. The highest point score noted represents the Public Risk Score of the offender. The Diagnostic Center Authorized Manual User must justify the P-Score assigned on the ICA.

JUSTIFICATION: The Diagnostic Center Authorized Manual User is to justify the P-Score assigned on the ICA USING the following:

DIAGNOSTIC CENTER REPORT: Diagnostic Center Authorized Manual Users are to prepare a brief report of the offender's risk to the public. Such will be

made a part of the Diagnostic Center Report under the heading of Public Risk Needs.

ICA SUMMARY SHEET: Diagnostic Center Authorized Manual Users shall mark the appropriate P-Score from the P-Score Worksheet and provide a brief explanation of the P-Score assignment; i.e., violence by history, felony detainer, etc.

SOURCE DOCUMENTS: Source documents related to the P-Score are maintained as a permanent part of the offender classification file. Source documents will include, but not limited to, the following:

1. Face Sheet
2. Data with release date computation
3. Sentence & Judgment
4. Commitment Reports
5. Missouri State Highway Patrol
6. Federal Bureau of Investigation
7. Pre-sentence Investigation
8. Correspondence from public officials
9. All records from other institutions (penal)
10. Detainer notices

ICA - INSTITUTIONAL RISK (I) NEEDS

Name:

Register Number:

Date:

INSTRUCTIONS: "X" appropriate level and enter I-Score

A. Escape History

<input type="checkbox"/>	1 - Not Applicable
<input type="checkbox"/>	3 - City/County Jail Escape Convictions
<input type="checkbox"/>	5 - Perimeter Escape (RDP, SIP, Post Conviction or ITC on Current Offense Cycle)
<input type="checkbox"/>	5 - Community Release Center Escape
<input type="checkbox"/>	Prior Perimeter Escape: C LEVEL _____ + 1 = _____

B. Institutional Adjustment Within Missouri Department of Corrections

<input type="checkbox"/>	1 - Not Applicable
<input type="checkbox"/>	2 - I-Score at Time of Release <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> I-5

C. Prior Institutional Adjustment Within Department of Corrections of Other States or Federal Bureau of Prisons or Major Conduct Violations Received at a Missouri Department of Corrections ITC Prior to Initial Classification (ICA)

<input type="checkbox"/>	1 - No Serious Conduct Violations/Not Applicable
<input type="checkbox"/>	4 - Assault on Offender; Introducing Drugs Into Institution; Dangerous Contraband
<input type="checkbox"/>	5 - Murder; Assault on Staff; Riot; Inciting to Riot; Forcible Sexual Misconduct; Arson
<input type="checkbox"/>	5 - Major Conduct Violations Received at a Diagnostic Center Prior to Initial Classification (ICA)

	I – SCORE
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INSTITUTIONAL RISK (I) NEEDS

To ensure that offenders who may disrupt the institutional environment are identified and provided appropriate levels of supervision, an Institutional Risk Needs Assessment is performed on all commitments to the department during the diagnostic period, with the exception of ITC Referrals. The assessment of the potential threat the offender may present while assigned to an institution is to be accomplished through a review of the offender's background and sentencing data. Factors considered important in this determination have been identified and point scores assigned to each. In the determination of the offender's institutional assignment, only medical, mental health and public risk considerations supersede institutional risk concerns. Each I-Score shall be determined in accordance with file information and the Institutional Risk Needs Code Description.

The P-Score or the I-Score, whichever is greater, determines the offender's custody score.

➤ **DETERMINATION OF I-SCORE:** The Diagnostic Center Authorized Manual User will score the I-Score components as follows:

➤ **ESCAPE HISTORY:**

PERIMETER ESCAPE: A perimeter escape occurs any time an offender without authorization leaves a defined area (i.e., the security perimeter or grounds of an institutional treatment center or correctional center), or escapes while on institutional work release assignment, or escapes while being transported under DOC escort to a hospital or court or from direct supervision.

Any offender who has had a perimeter escape from an institutional treatment center, RDP or SIP since the offender's last Missouri DOC incarceration will be scored as I-5.

Any offender with a prior perimeter escape occurring since the offender's last Missouri DOC incarceration will be scored based upon the custody level of the institution from which the escape occurred plus one.

Any offender with a perimeter escape occurring during the offender's last Missouri DOC incarceration will be scored based upon the custody level of the institution from which the escape occurred plus one.

CITY/COUNTY JAIL ESCAPE: This section is scored for those city/county jail escape CONVICTIONS occurring since the most recent Missouri DOC incarceration or for those offenders serving their first Missouri Department of Corrections incarceration. This includes convictions for escaping from a law enforcement officer during the course of an arrest or aiding a county jail escape. City/county jail escapes are scored as I-3.

COMMUNITY RELEASE CENTER ESCAPE: Any time an offender assigned to a CRC and is housed in administrative segregation confinement leaves the grounds of a community release center without authorization or while under escort or supervision while in restraints and leaves the control of departmental staff, will be scored as I-5.

➤ **INSTITUTIONAL ADJUSTMENT WITHIN MISSOURI DEPARTMENT OF CORRECTIONS:** This section is to be scored reflecting the offender's I-Score as of the last RCA performed during the most recent incarceration within the Missouri DOC.

➤ **PRIOR ADJUSTMENT WITHIN DEPARTMENT OF CORRECTIONS OF OTHER STATES OR FEDERAL BUREAU OF PRISONS OR MAJOR CONDUCT VIOLATIONS RECEIVED AT A MISSOURI DOC ITC PRIOR TO INITIAL CLASSIFICATION (ICA):** This section is to be scored if the offender's most recent period(s) of incarceration was in another state or Federal Bureau of Prisons. Score this section in accordance with conduct violations for which the

offender was found guilty during this incarceration. Additionally, this section is to be utilized in scoring conduct violations occurring at a Missouri DOC ITC or diagnostic center prior to initial classification. This information may be available through source documentation or offender interview.

➤ **ASSIGNMENT OF I-SCORE:** As a result of Diagnostic Center Authorized Manual User impression from the review of appropriate documents, as well as information obtained during the diagnostic interview, the Diagnostic Center Authorized Manual User will assign an I-Score. The highest point score represents the Institutional Risk Score of the offender. The results of this assessment are to be recorded on the Initial Classification Analysis (ICA) Summary Sheet for the offender and are to be a consideration in the determination of the offender's institutional assignment. The Diagnostic Center Authorized Manual User must justify the I-Score assigned on the ICA.

DIAGNOSTIC CENTER REPORT: Diagnostic Center Authorized Manual Users are to prepare a brief report of the offender's risk to the institution. Such will be made a part of the Diagnostic Center Report under the heading of Institutional Risk Needs.

ICA SUMMARY SHEET: Diagnostic Center Authorized Manual Users shall mark the appropriate I-Score from the I-Score Worksheet and provide a brief explanation of the I-Score assignment; i.e., I-Score at time of release, violation in another state, etc.

SOURCE DOCUMENTS:

1. File information regarding most recent period of incarceration,
2. Missouri State Highway Patrol/National Crime Identification Center records,
3. Jail reports,
4. Missouri Department of Corrections records,
5. Pre-sentence Investigation, etc.

ICA - EDUCATIONAL (E) NEEDS			
Name:		Register Number:	
		Date:	
INSTRUCTIONS: "X" appropriate level and enter E-Score			
E-5 – No Verified Proof of High School Diploma or GED			
E-1 – Educationally Prepared			
Verified High School Diploma/Transcript/GED Certificate/Special or Exceptional Diplomas (<u>NOT ACCEPTED</u> are: Attendance diplomas or certificates, etc. from accredited or non-accredited schools)			
		E – SCORE	
* If special needs are indicated, choose appropriate handicapping condition:			
DB	Deaf/Blind	LI	Language/Speech Impairment
ED	Emotionally Disturbed	OHI	Other Health Impairment
MR	Mentally Retarded	OI	Orthopedic Impairment
MD	Multiple Disabilities	SV	Speech/Voice
HI	Hearing Impaired/Deafness	TBI	Traumatic Brain Injury
LD	Learning Disability	VI	Visually Impaired/Blindness
SSD	Sound System Disorder (Articulation and/or Phonology)	SF	Speech Fluency
		HANDICAPPING CONDITIONS	
Justification:			
Recommendation:			
Authorized by Education Supervisor (Signature):			

EDUCATIONAL (E) NEEDS

To ensure that offenders demonstrating educational deficiencies are identified to participate in appropriate educational programs, educational assessment is provided to all new commitments to the department during the reception and diagnostic period. The result of the educational assessment is to be recorded on the Initial Classification Analysis (ICA) of the offender and is to be a consideration in the determination of the institutional assignment.

Each new commitment is to be provided an E-Score, recorded on the ICA and in accordance with the Educational Needs Score Descriptions. An institutional assignment **WILL NOT** be made before completion of factor E on the ICA.

➤ **DETERMINATION OF E-SCORE:** The determination of the E-Score is to be accomplished by the diagnostic center education supervisor. The assignment of E-Scores will be based upon verified prior educational achievement: high school diploma, high school transcript, GED Certificate, special or exceptional diplomas.

INTERVIEW AND NOTICE OF CONSENT FOR INITIAL EXAMINATION: Each new commitment under the age of 21 will complete an interview and a Notice of Consent for Initial Examination based upon screening results. This will be accomplished before beginning the diagnostic testing process.

TESTING: All new commitments will be administered a battery of tests designed to screen, determine grade level and identify possible educational disabilities. The diagnostic center's education team will administer to all new commitments appropriate tests and provide the Diagnostic Center Authorized Manual User the results and an E-Score. The diagnostic center education team will be responsible for the administration and interpretation of tests given.

AUDITORY/VISUAL ACUITY TESTING: Auditory/Visual Acuity Tests will be administered to all new offenders to ensure the identification of offenders who may have hearing or visual impairments.

- **ASSIGNMENT OF E-SCORE:** As a result of the education team's assessment and the offender's educational history, an E-Score will be assigned. In a brief report, the appropriate staff will indicate tests administered, test interpretations, educational treatment needs and score assigned. The diagnostic center education supervisor shall assign the E-Score and will provide the Diagnostic Center Authorized Manual User with the E-Score for entry on the ICA.
- **JUSTIFICATION:** The diagnostic center education team must justify the E-Scores assigned on the ICA and in accordance with test results.

DIAGNOSTIC CENTER REPORT: Diagnostic Center Authorized Manual Users are to ensure that the E-Score report is entered in the Diagnostic Center Summary Report under the heading of Educational Needs.

ICA ENTRY: A brief explanation of the E-Score assignment is to be provided.

- **RECOMMENDATION:** A brief description of the indicated recommendation is to be entered by the Diagnostic Center Authorized Manual Users on the ICA as directed by the education supervisor. A more explicit description is to be provided in the education permanent file.

SOURCE DOCUMENTS: ICA E-Score sheet is to be signed by the educational supervisor and maintained as a permanent part of the offender's classification file.

ICA - VOCATIONAL (V) NEEDS

Name:	Register Number:	Date:
INSTRUCTIONS: "X" appropriate level and enter V-Score		
V-5 – No Work History		
V-4 – Unskilled		
<ul style="list-style-type: none"> ▪ Experience: 0-6 Months Training or Specialized Experience in any specific field ▪ Skill Level: Unskilled ▪ Training: None Verified 		
V-3 – Low Skilled		
<ul style="list-style-type: none"> ▪ Experience: 7-12 Months Training or Specialized Experience in any specific field ▪ Skill Level: Low-Skilled ▪ Training: None Verified 		
V-2 – Semi-Skilled		
<ul style="list-style-type: none"> ▪ Experience: 13-23 Months Training or Specialized Experience in any specific field ▪ Skill Level: Semi-skilled ▪ Training: None verified 		
V-1 – Skilled		
<ul style="list-style-type: none"> ▪ Experience: 24 Months or Longer Training or Specialized Experience in any specific field ▪ Skill Level: Skilled ▪ Training: Verified License, Certificate or Degree or Completion of a DOC Vocational Training Program 		
		V – SCORE
Justification:		
Recommendation:		
Authorized by Education Supervisor (Signature):		

VOCATIONAL (V) NEEDS

To ensure that offenders demonstrating vocational deficiencies are identified and provided opportunities to participate in appropriate vocational programs, a vocational evaluation is provided to all new commitments to the department during the diagnostic period. The results of the vocational evaluation are to be recorded on the Initial Classification Analysis (ICA) of the offender and are to be a consideration in the determination of the offender's institutional assignment.

Each new commitment is to be provided a V-Score, recorded on the ICA and in accordance with Vocational Needs Code Descriptions. An institutional assignment will not be made before completion of the V-Score Worksheet on the ICA.

➤ **DETERMINATION OF V-SCORE:** The determination of the V-Score is to be accomplished by the education supervisor at the diagnostic center. The assignment of a V score will be based upon the offender's vocational training and whether or not the offender has verification of completion of this vocational education program. This information will be determined by the offender's responses to the Education/Vocational Evaluation (EVE) and an interview.

EDUCATION/VOCATIONAL EVALUATION (EVE): Each offender will fill out an EVE under the direction of a diagnostic center education team member.

INTERVIEW: Each offender's response on the EVE form will be verified, clarified and expanded upon during an individual interview with a diagnostic center education team member.

➤ **ASSIGNMENT OF V-SCORE:** Based upon the information provided on the EVE form and through the individual interview, the diagnostic center education

team will fill out a V-Score Needs Form on each offender and establish a V-Score.

➤ **JUSTIFICATION:** The Diagnostic Center Education Supervisor must justify the V-Score assigned on the ICA.

DIAGNOSTIC CENTER REPORT: The Diagnostic Center Authorized Manual Users should enter the V-Score provided by the diagnostic center education supervisor on the ICA Summary Sheet.

➤ **ICA ENTRY:** A brief explanation of the V-Score will be provided to the Diagnostic Center Authorized Manual Users by the diagnostic center education supervisor on the ICA Vocational Education Code V Form. The Diagnostic Center Authorized Manual User shall mark the appropriate V-Score as determined by the education department.

➤ **RECOMMENDATION:** A brief description of the recommendation will be provided to the Diagnostic Center Authorized Manual Users by the education supervisor on the ICA Vocational Education Code V Form. The Diagnostic Center Authorized Manual Users will enter the recommendations on the ICA.

SOURCE DOCUMENTS: The source documents used to determine the V-Score, the EVE Form and the ICA Vocational Needs Form will be maintained as a permanent part of the offender's classification file. These source documents will be sent to the Diagnostic Center Authorized Manual Users by the diagnostic center education supervisor. Relevant information must be made available to vocational education supervisors upon request.

DIRECTIONS FOR COMPLETION OF V-SCORE NEEDS FORM

The ICA V-Score Needs Form visually depicts the criteria from which the vocational score is to be determined. The criteria includes work experience, skill level of employment and training received and whether the training received has been verified. Offenders in diagnostic centers are asked to report all jobs held during the last five years, including longevity of employment, duties performed and salary earned. The EVE (Education Vocational Evaluation) form and personal interview with the offender provide the diagnostic professionals with a record of the offender's education and work experience as well as indication of the offender's interest in vocational training during incarceration. Further information or verification of training and experience may be available in the PSI.

To complete the V Score Needs Form:

1. Review the EVE form to determine type and extent of work **experience**. Locate level of experience on the form and note the score value for this criteria.
2. Review types of jobs held and reported on the EVE. Determine **skill level** and the score value for this criterion.
3. Determine if the **training** received has been verified by reviewing file and PSI information. Determine the score value for this criteria.
4. Plot the three scores as noted in example and calculate the average of the three scores if needed to determine the offender's ICA V Score.

EXAMPLE #1: An offender has completed 3-months training class before incarceration, but does not have a certificate. He/she has worked for a building cleaning service for 5 months. The offender should receive a V-score of 4.

V-5	V-4	V-3	V-2	V-1	
	X				Experience
	X				Skill
	X				Training

EXAMPLE #2: An offender reports working for 2 years as a certified welder. A high school transcript in his/her classification file indicates that he/she completed 2 years (18 months) of welding at a vocational school during high school. Therefore, he/she should receive a V-score of 1.

V-5	V-4	V-3	V-2	V-1	
				X	Experience
				X	Skill
				X	Training

EDUCATIONAL/VOCATIONAL EVALUATION					
Name:			Register Number:		Today's Date:
MDC Arrival Date:	Birth Date:	Age:	Charges:		Length of Sentences:
NOTE: There are vocational programs located in some institutions. To qualify for admission you MUST HAVE A VERIFIED GED OR HIGH SCHOOL DIPLOMA AND HAVE A C-SCORE OF C-3 OR LOWER. Some programs are located at C-4 and C-5 institutions. The following information is necessary to determine your vocational training needs and placement. You will be asked to verify some of the information before admission to a vocational program.					
1. Circle Highest Grade Completed: GED 11 10 9 8 7 6 5 4 3 2 1					
2. Have you ever received vocational training? <input type="checkbox"/> No <input type="checkbox"/> Yes, (If yes, complete the following)					
COURSE TITLE		COURSE LOCATION		COURSE LENGTH	DATE OF COMPLETION
3. Are you interested in taking vo-tech training while incarcerated? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list type of training desired) _____					
4. From the vocational class list provided by education staff, list the vo-tech programs you are interested in, with first choice as "A", etc. A. _____ B. _____ C. _____					
5. Were you employed at the time you were incarcerated? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, LIST YOUR JOB TITLE) _____					
6. What kind of work do you want to do upon release/discharge? _____ _____					
7. List the four or more jobs you have held within the last five (5) years. Start with the most recent job, then the next most recent and so on. Include length of employment, duties performed and salary.					
JOB TITLE	LENGTH OF EMPLOYMENT		JOB DUTIES	SALARY/WAGES (Per hour, week or month)	
	YEARS	MONTHS			

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ICA - INITIAL CLASSIFICATION ANALYSIS				
Name:		Register Number:		Date:
		JUSTIFICATION	RECOMMENDATION	
M – MEDICAL NEEDS	<input type="checkbox"/> 1			
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
MH – MENTAL HEALTH NEEDS	<input type="checkbox"/> 1			
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
P – SECURITY/PUBLIC RISK NEEDS	<input type="checkbox"/> 1			
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
I – INSTITUTIONAL RISK NEEDS	<input type="checkbox"/> 1			
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
E – EDUCATIONAL NEEDS	<input type="checkbox"/> 1			
	<input type="checkbox"/> 5			
V – VOCATIONAL NEEDS	<input type="checkbox"/> 1			
	<input type="checkbox"/> 2			
	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 5			
MOSOP Completed: <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		SUBSTANCE ABUSE ASSESSMENT SCORE		
<input type="checkbox"/> YES (If yes, date completed:) _____				
		CUSTODY LEVEL		
Override Requested: <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, EXPLAIN)				
Override Approved by: _____ Custody Level With Override: _____				
DAI Director, CTA Manager or Designee				
Comments:				
Offender Signature:			Offender Register Number:	
Scorer – Diagnostic Center Authorized Manual User:				
Reviewer – Unit Manager, CCW/II or Designee			Date:	

SUMMARY SHEET

The ICA Summary Sheet is the first sheet of the ICA packet. Its purpose is to provide a quick review of the individual's score for each component contained within the ICA packet, a concise justification of each score given and recommendation for each component. The ICA Summary Sheet is the last segment of the ICA completed, but the first sheet of the ICA packet and it is the sheet that is reviewed with the offender. Once the Diagnostic Center Authorized Manual Users have reviewed the ICA with the offender, thus informing the offender of his/her overall classification analysis, the offender signs the summary sheet indicating his/her review and awareness of the classification scores given. Following is a guide for each entry made on the summary sheet.

➤ **IDENTIFICATION/DATE LINE:** On this line, Diagnostic Center Authorized Manual Users enter the offender's name, number and date. The date of the review indicates that the information on the summary sheet is applicable to that date.

➤ **MEDICAL (M) NEEDS:** Diagnostic Center Authorized Manual Users shall mark the M-Score that has been provided by the medical services staff on the Medical Needs Assessment Sheet. Diagnostic Center Authorized Manual Users will never, under any circumstances, self-score this component.

JUSTIFICATION: Diagnostic Center Authorized Manual Users shall justify this score as concisely as possible on the basis of information provided by the health care professionals.

RECOMMENDATION: Diagnostic Center Authorized Manual Users shall recommend treatment as concisely as possible in accordance with the recommendations provided by the health care professionals, including the offender's duty status.

➤ **MENTAL HEALTH (MH) NEEDS:** Diagnostic Center Authorized Manual Users shall record ICA scores in accordance with the score provided by the Qualified Mental Health Professional. Diagnostic Center Authorized Manual Users should check for the signature of a Qualified Mental Health Professional before giving validity to the MH score and under no circumstances will the Diagnostic Center Authorized Manual Users self score the MH score.

JUSTIFICATION: Diagnostic Center Authorized Manual Users shall justify the MH score based on the evaluation given by the Qualified Mental Health Professional.

RECOMMENDATION: Diagnostic Center Authorized Manual Users shall recommend treatment as concisely as possible based on the Qualified Mental Health Professional's recommendations.

➤ **PUBLIC RISK (P) NEEDS:** Diagnostic Center Authorized Manual Users shall mark the P-Score reflected on the Public Risk Assessment Sheet.

JUSTIFICATION: Due to the fact that the resulting P-Score is the highest score reflected on the Public Risk Assessment Sheet, Diagnostic Center Authorized Manual Users will be justifying the highest score given.

RECOMMENDATION: Diagnostic Center Authorized Manual Users shall enter, as concisely as possible, recommendations which directly relate to the justification for the P-Score; i.e., establishment of release date, satisfaction of detainer, etc.

➤ **INSTITUTIONAL RISK (I) NEEDS:** Diagnostic Center Authorized Manual Users shall mark the I-Score reflected on the Institutional Risk Assessment Sheet.

JUSTIFICATION: Due to the fact that the resulting I-Score is the highest score reflected on the Institutional Risk Assessment Sheet, Diagnostic Center Authorized Manual Users will be justifying the highest score given.

RECOMMENDATION: Diagnostic Center Authorized Manual Users shall enter, as concisely as possible, recommendations that directly relate to the justification for the I-Score. Diagnostic Center Authorized Manual Users should reflect policy in recommendations regarding improved behavior; i.e., an I-5 score, justified by I-Score at time of release, could have as an entry, improved behavior or good adjustment for a period of one year.

➤ **EDUCATIONAL (E) NEEDS:** Diagnostic Center Authorized Manual Users shall mark the E-Score reflected on the Educational Needs Assessment Sheet that has been scored based on educational evaluation.

JUSTIFICATION: Diagnostic Center Authorized Manual Users shall justify this score, as concisely as possible, based on information provided by the education staff. Specific data, such as educational level, should be included.

RECOMMENDATION: Diagnostic Center Authorized Manual Users shall indicate the recommendations as concisely as possible, in accordance with guidance from the education staff and in conjunction with resources available at institutions.

➤ **VOCATIONAL (V) NEEDS:** Diagnostic Center Authorized Manual Users shall mark the V-Score reflected on the Vocational Assessment Sheet that has been scored by the vocational education staff, file information and offender interview.

JUSTIFICATION: Diagnostic Center Authorized Manual Users shall justify this score, as concisely as possible, on the basis of information provided by the vocational evaluation, file information and offender interview.

RECOMMENDATION: Diagnostic Center Authorized Manual Users shall indicate recommendations, as concisely as possible, which directly relates to the justification. The specific reference to auto repair would be indicated by the Diagnostic Center Authorized Manual User due to the offender's stated interest in

that vocation or perhaps vocational assessment which indicates the offender's aptitude in that area.

- **MOSOP COMPLETED:** Diagnostic Center Authorized Manual Users shall indicate completion of MOSOP by indicating the date of program completion on the "Yes" scoring line. If the offender has not completed MOSOP, the Diagnostic Center Authorized Manual User shall mark and "X" on the No line. Offenders who are not required to participate in MOSOP shall be marked "NA".
- **SUBSTANCE ABUSE ASSESSMENT SCORE:** Diagnostic Center Authorized Manual Users shall indicate the results of the Substance Abuse Assessment by indicating the score from the scoring instrument.
- **CUSTODY LEVEL:** Diagnostic Center Authorized Manual Users will assign the appropriate custody level in the space designated. The custody level of the offender is determined using the P-score or I-score, whichever is greater.
- **OVERRIDE REQUESTED:** When it is the Diagnostic Center Authorized Manual User's professional opinion that circumstances allow for or require special assignment consideration, the user will enter comments, recommendations and justification in the Override Requested Section of the ICA Summary Sheet. Designated administrative staff shall review the comments/recommendations and indicate approval or denial by signature.

Following are some of the classification decisions that may be referred to administrative staff for override review and authorization:

Custody overrides allowing assignment to treatment programs.

To place an offender in a specific mental health program; i.e., SRU, CTC, etc.

Other special needs that cannot be accurately reflected on the ICA instrument.

- **COMMENTS:** This section of the summary sheet is provided for any information that the Diagnostic Center Authorized Manual User feels may be pertinent to the RCA.
- **SIGNATURE LINES:** Once the Diagnostic Center Authorized Manual User has reviewed the ICA with the offender, the offender will indicate it by his/her signature and number in the designated space. The Diagnostic Center Authorized Manual User that proposes and reviews the ICA with the offender indicates responsibility for completion of the instrument by their signature and title. The administrative staff, (FUM or CCW/II or designee), responsible for file review will indicate that the file has been reviewed by placing their signature on the ICA Summary Sheet.

DEPARTMENTAL & INSTITUTIONAL SERVICES PROCEDURES PERTINENT TO EXTERNAL CLASSIFICATION SYSTEM

The preceding pages describe in detail the external classification procedures for the Department. In accordance with state statute and in response to the needs of the offender, the Department has established numerous offender programs that have various restrictions and eligibility criteria unique to the program. These guidelines, responsibilities, release mechanisms, etceteras are described in Departmental and Institutional Services Procedures. Thus, it is not necessary to include these procedures in the Classification Users' Manual. However, for convenience, following is a list of procedures for programs offered by the Department that is likely to be utilized by the Diagnostic Center Authorized Manual User.

D5-1.2 Institutional Substance Abuse Treatment Program Classification System: This procedure describes the guidelines for the classification and assignment of offenders referred by the board and the court to substance abuse treatment programs within an institutional setting.

D5-4.1 Missouri Sex Offender Program (MOSOP): This procedure defines sex offenders and describes guidelines and restrictions for the MOSOP program.

D5-4.23 Post Conviction Drug Treatment Program: This procedure establishes the eligibility criteria, screening, placement and release process for the program.

D5-4.24 Long-term Court Ordered Substance Abuse Program: This procedure establishes the eligibility criteria, responsibility and release mechanisms for the LTC Program.

D5-4.25 Long-term Substance Abuse Program: This procedure describes the eligibility, screening, placement and release process for the Long-term Therapeutic Community.

D5-4.26 Offenders Under Treatment Program: This procedure establishes the eligibility, screening, placement and release process for the "OUT" Program.

D5-4.28 Regimented Discipline Program – Placement and Release Process: This procedure establishes the eligibility criteria, screening, placement and release process for the Regimented Discipline Program.

D5-4.29 Shock Incarceration Program: This procedure establishes the eligibility criteria, screening, booking, placement and release process for the Shock Incarceration Program.

IS5-2.1 Offender Initial Classification: This procedure establishes the guidelines for the initial classification of offenders committed to the department.

IS5-2.2 Offender Reclassification: This procedure establishes guidelines for reclassification of offenders.

IS12-3.1 FRDC – Biggs Correctional Treatment Unit (BCTU): This procedure ensures appropriate transfer and discharge procedures for the Corrections Treatment Unit at Biggs.

IS12-3.2 Corrections Treatment Center (CTC): This procedure establishes guidelines, admissions criteria and transfer procedures for assigning to the Corrections Treatment Center.

IS12-3.3 Social Rehabilitation Unit (SRU): This procedure establishes guidelines for the efficient operation of the Social Rehabilitation Unit (SRU).